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Navy & Marine Corps Medical News  
MN-99-04  
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

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Headline: Survey asks about your medical care  
By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- Sailors can now tell the Navy how they feel about every aspect of their Navy life, including their health care, in the 1999 U.S. Navy Quality of Life Study -- Life Domains Questionnaire.

The questionnaire, which is being distributed from now through February to selected Sailors throughout the Fleet, solicits views on quality of life in the Navy and what can be done to make improvements. Responses are sought about where you live, your life, leisure and recreation, friends and friendships, marriage and intimate relationships, relationship with your children and other relatives and your military job, among others.

The questionnaire also seeks responses about your health concerns. TRICARE is underway throughout the military and the Navy wants to know what you think of your care. So, this questionnaire is asking about many aspects of your health, ranging from your current state of health to how your medical care will affect your decision to stay in the Navy.

Responding to questions about how satisfied you are with medical care received by your dependents, how you rate Navy medical care compared to civilian medical care and how your

medical care affects your job performance, among other questions, will help the Navy medical team be more responsive to your needs.

According to the Personnel Command, responses from previous surveys have been helpful when determining how the Navy focuses energy and resources on Quality of Life. In the past two years, the Navy has seen dramatic increases in funding, facilities, and programs designed to improve quality of life. These improvements are a result of your input from previous surveys. Some examples include increasing voluntary education programs funding (tuition assistance, PACE, Navy campus, and academic skills learning centers), expanding PACE to more than 250 ships, increasing Montgomery GI Bill benefits by 20 percent, and having 62 family service centers offer a variety of personal support services to single and married Sailors and their families. With these improvements and changes, it is clear that all aspects of Sailors' and Marines' well being are being considered as the Navy works hard to prioritize its efforts for improving Sailors' and Marines' quality of life, including their medical services, but input is needed. If you are among those chosen to be a respondent to the 1999 survey, please take the time to complete it - you can make a difference.

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Headline: Pentagon repeats: Anthrax vaccine is safe  
By Linda D. Kozaryn, American Forces Press Service

WASHINGTON -- Pentagon officials insist the mandatory anthrax vaccine has proven to be safe.

"It's safe and reliable," Pentagon Spokesman Ken Bacon said. "It works and has no side effects."

Reporters queried Bacon about the vaccine Jan. 21 during a Pentagon briefing after eight pilots from Connecticut's Air National Guard 103rd Fighter Wing said they planned to resign rather than take the six-shot series. The unit, which flies A-10 Thunderbolts, is scheduled to deploy to the Gulf later this year.

The anthrax vaccine is mandatory for all service members, active duty and reserve, but priority is being given to people going to Southwest Asia and Korea, Bacon explained.

"After that, people who are likely to deploy to these or other hot spots are in line to get the shots," he said.

Bacon reported that during exit interviews, six of the eight Connecticut pilots said anthrax was only one of many factors that entered into their decision to resign. "Some may have found that the pressures of staying in the air guard and training were hard to balance with their family or business lives," he said. "Some may not have wanted to deploy to the Gulf for personal reasons."

As of Jan. 12, Bacon said, 166,233 service members have received 463,226 shots. This includes the Defense Department's top civilian and military leaders, he added.

"All of these people are fine," Bacon said.

Anthrax shots are "a very safe and very important force protection measure" aimed at protecting people from the risks they could face on the battlefield, Bacon said.

"Biological warfare is one of the emerging threats we face." The vaccine was certified by the Food and Drug Administration certified the vaccine in 1970. Since then, veterinarians, laboratory workers and livestock handlers have used the vaccine, Bacon said. Every vaccine poses some risks, however, Bacon noted.

"There have been some reactions to the vaccine. The reactions tend to be extremely minor - a little redness on the arm, for instance. A serious reaction is one that might involve a slightly elevated fever."

"This has generally been an extremely successful program," Bacon said. "I think soldiers, Sailors, Airmen and Marines understand this is for their own protection. We have found that almost all willingly take these shots." For more information on the anthrax immunization program, go to the DoD web site "Countering the Anthrax Threat" at <http://www.defenselink.mil/specials/Anthrax/>

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Headline: Portsmouth uses new technique to fight skin cancer  
By Dan C. Gay, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- The latest technique in the fight against malignant melanoma or skin cancer is being done by Naval Medical Center Portsmouth.

The procedure is called "sentinel lymph node biopsy" and according to CAPT William Liston, Medical Corps, head of the general surgery department, NMC Portsmouth is the only military hospital [in the area] that performs the procedure. National Naval Medical Center, Bethesda, Md., Naval Medical Center, San Diego, and Walter Reed Army Hospital, Washington, D.C., are the only other military hospitals using the sentinel system.

The procedure determines with greater than 98 percent accuracy whether a malignant melanoma has spread to the lymph nodes, according to experts. If the melanoma is isolated to the skin, a surgical cure is possible, but if it has spread to the lymph nodes, the chance of melanoma recurring is greatly increased.

"The hospital has performed five procedures since this practice was approved by the Federal Drug Administration several months ago," said Liston. Lymph nodes, which serve as immunological filters to protect the body, are about the size of a small pea and located throughout the body. By using the sentinel node biopsy, the doctor will no longer remove from five to ten nodes during a biopsy to find the cancerous nodes. Now, the sentinel node indicates which lymph node is the most likely to have cancer cells.

Performing the sentinel node biopsy is a collaborative effort among the surgeons and personnel from nuclear medicine, operating room and radiation safety.

Commander Michael Yedinak, Medical Corps, of the

hospital's nuclear medicine department said technicians inject the patient with a radioactive substance into the skin adjacent to the tumor. The amount of radioactive material is so small that it doesn't register on measurement devices used by the radiation safety department.

The surgeon then injects a blue vegetable dye near the site. While the blue dye traverses the lymphatic system, the surgeon scans the skin over the area with a hand-held, portable gamma probe, looking for areas with high levels of radioactivity. These "hot" areas signal lymph nodes that have absorbed the radioactive material. The "hottest" area is the sentinel node, which is then removed and examined. If it is free of tumor, the other nodes must be tumor-free and will not have to be removed.

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Headline: Planning health care changes during PCS moves  
From Bureau of Medicine and Surgery

WASHINGTON -- The season for permanent change of station or PCS moves is approaching. In addition to all of the other concerns associated with relocation, the Bureau of Medicine and Surgery wants to remind Sailors and their families to also plan ahead for their health care. There are a number of ways Sailors and their families can acquire information about keeping medical care current when transferring, in addition to the information you will receive during check in at the new command:

- Use the world wide web TRICARE address at [www.tricare.osd.mil](http://www.tricare.osd.mil) or visit the Department of Defense and Navy's new LIFELines site at [www.lifelines4qol.org](http://www.lifelines4qol.org). You can gain access to these sites from home, work, library or an Internet connection anywhere, including PSD or medical facilities. Use of the web and web links provides health care services information about the new duty station, including browsing care provider directories, reviewing commonly asked questions and answers, sending e-mail questions and obtaining forms to finalize the selection of a provider. This site can also be used to provide a new home address for DEERS.

- Another resource is the regional TRICARE office of the new duty station. They can provide information, answers to questions and have printed material and sign-up forms sent via mail:

Region 1 (New England states and WASH DC)	1-
888-999-5195	

Region 2 (VA, NC)	1-800-
931-9501	

Region 3&4 (SC, GA, FL, AL, TN, LA)	1-
800-444-5445	

Region 5 (MI, WI, IL, IN, OH, KY, WV)	1-
800-941-4501	

Region 6 (OK, AR, LA, TX)	1-800-
406-2832	

Region 7&8 (NM, AZ, NV, TX (SW), CO, UT, WY,	1-800-
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406-2832

MT, ID, ND, SD, NE, KS, MN, IA, MO)

Region 9&10 (CA)

1-

800-242-6788

Region 11 (WA or Northern ID)

1-

800-404-0110

Region 12 (HI)

1-800-

242-6788

Overseas

1-888-

777-8343

- Visit the military medical facility or TRICARE Service Center at the current or new duty station. To provide maximum guidance for Navy personnel who are about to PCS, commanding officers, commanders and officers in charge should encourage active duty personnel and family members to take advantage of these opportunities to help ensure a smooth PCS move.

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Headline: Relapse prevention: stopping substance abuse forever

By Bill Doughty, U. S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- Substance abuse programs over the years have discouraged Sailors and Marines from swilling booze at the club until last call, taking non-prescribed drugs and indulging in alcohol-laden lunches as uncool, unnecessary and unhealthy practices. New health and wellness information has proven such tendencies cause more problems than just frequent head calls and occasional memory loss.

But another aspect of weaning people from substance abuse is getting them to continue staying away from it. Military and civilian physicians, psychologists, social workers, chaplains and counselors from all branches of service in the Western Pacific area went to Yokosuka recently to learn how to prevent relapse in substance abuse.

According to LT Drew Messer, Medical Corps, head of alcohol programs at USNH Yokosuka, "There is increasing recognition of the importance of including relapse prevention as part of comprehensive substance abuse treatment services. The Center for Applied Sciences (CENAPS) Model of relapse prevention, and the intensive 8-day skills training program, is the most respected, proven model of relapse prevention."

The model shows that a factor to successful relapse prevention is recognizing and identifying the potential for relapse in certain individuals and identifying those risk factors ahead of time. Another factor is understanding, anticipating and managing high-risk situations.

The Navy has succeeded in reducing alcohol abuse overall thanks to its "Right Spirit" deglamorization campaign. Public drinking and nightly happy hours have become even less popular than smoking indoors. Commands have become supportive of nonalcoholic events and promoting nonalcoholic

beverages at command functions. They let their people know that a change in behavior can lead to a successful career and healthy lifestyle.

"Those who fail to heed this message [and experience] a substantiated alcohol related incident will have it addressed in officer fitness reports and enlisted evaluations," said Messer. "I think the most important point is that messages about the responsible use of alcohol begin with the attitudes and behaviors of each level of leadership at the local command."

And according to Messer, it doesn't get any better if one continues to have substance abuse problems.

"A second alcohol related incident, for example, may serve as grounds for separation [from the military]," said Messer.

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Headline: Distance education at Great Lakes saves money  
By LT Youssef Aboul-Enein, Medical Service Corps, Naval  
Hospital Great Lakes

GREAT LAKES, Ill. -- With shrinking training budgets, but a continuing need to keep medical personnel current with the latest practices, Naval Hospital Great Lakes has begun using video teleconferencing in its Visiting Leaders lecture series.

LCDRs Martha Slaughter and Lisa Ziemke, Medical Service Corps, networked with a local Great Lakes management school, which provided suggestions for addressing issues facing the Medical Service Corps in the next five to ten years. Slaughter took those findings and coordinated with CAPT John Sentell, Medical Corps, who was analyzing the concerns of senior Navy healthcare executives and he agreed to present his findings in a video teleconference to the Great Lakes staff.

Sentell is a special assistant to the Surgeon General of the Navy at the Bureau of Medicine and Surgery in Washington, D.C. Ziemke said that with Sentell's participation and successful communications hookups, the Great Lakes Visiting Leader teleconference series got underway successfully.

The target audience of more than 60 Medical Service Corps officers received a questionnaire before the conference began. Their responses indicated what they thought were the skills and knowledge needed by MSC personnel for subjects ranging from patient beneficiary management to cost finance and marketing, readiness and professional staffing, among others.

The next teleconference series for Great Lakes will feature CAPT Patricia A. Denzer, Medical Service Corps, the director for administration at Naval Medical Center San Diego. She will discuss Customer Service: Changing a System.

For more information of how to establish your own

educational teleconference, call LCDR Slaughter at 847-688-4723.

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Headline: San Diego named specialized treatment center  
By Doug Sayers, Naval Medical Center San Diego

SAN DIEGO -- If customers of the Navy Medical system in San Diego need an advanced medical procedure, such as a hip replacement, work on the skull or craniotomy, or a major joint or limb reattachment, they will now be referred to Naval Medical Center San Diego if they live within 200 miles of the facility.

On February 16, 1998, the Assistant Secretary of Defense for Health Affairs designated Naval Medical Center San Diego as a Regional Specialized Treatment Services Facility (STSF) for 15 specialized procedures or Diagnosis Related Groups (DRGs). These complex, highly specialized treatments, which include procedures for the head and neck, spine, pancreas and liver, among others, are resource intensive and demand a great deal of clinical expertise and medical coordination from the treatment facility and its staff.

Naval Medical Center San Diego was selected as an STSF after an extensive study of the complex procedures currently performed at the facility. The study factored in the needs of the beneficiaries and available MTF resources, as well as a review of components such as Clinical Excellence, Experience and Outcomes Tracking, Cost Savings, and Complexity of Care.

The analysis showed that NMCS standards are comparable to other specialized institutions providing similar care. That meant that Naval Medical Center San Diego clearly has the experience providing the specialized care and has a proven system for tracking and analyzing care outcomes. In the letter approving the Medical Center's designation, Deputy Assistant Secretary of Defense John Mazzuchi said, "Naval Medical Center San Diego is beginning an exciting new phase in the continual quest for cost effective, high quality care."

Lieutenant Karen Leahy, Medical Service Corps, the command coordinator for Specialized Treatment Services, said, "This is a win-win situation. Eligible beneficiaries within our area receive the finest medical care available and the physicians at the Medical Center are keeping their skills at the highest level, improving patient care and readiness."

And even though the Special Treatment Services designation concentrates technology and experience at Naval Medical Center San Diego, it is not an inflexible program. There are some exceptions to the STS designation. Patients may be sent elsewhere for treatment on a case by case basis. Typically, this qualification would occur within three categories:

- An emergency, which would prohibit the patient from being transported to Naval Medical Center San

Diego in a timely manner

- If the care is provided under the primary coverage of other health insurance or other health plan and

- On a case by case basis, the Commander of the STSF may determine that although the care is available at the STSF, to perform the procedure at the STSF would be medically inappropriate for a particular patient.

Implementation of the Regional Specialized Treatment Services Facility program is scheduled to begin this March. In 1998, Naval Medical Center San Diego earned a three-year accreditation with commendation from the Joint Commission on Accreditation of Healthcare Organizations. JCAHO is an independent organization that inspects and rates civilian and military medical facilities.

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Headline: TRICARE question and answer

Question: What will happen if I don't take any action to change my current health care plan?

Answer: If you are on active duty, you will be enrolled in the TRICARE Prime benefit. All other eligible persons deciding not to enroll in TRICARE Prime may still be eligible for care in military medical facilities on a space available basis and maintain TRICARE Standard eligibility (formally CHAMPUS). You may also participate in a new money-saving option called TRICARE Extra by choosing a physician in the Extra network.

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Headline: Healthwatch: Suffering depression: being down but not out

By Kimberly A. Rawlings, Bureau of Medicine and Surgery

WASHINGTON -- Everyone has a bad day from time to time. But for people who suffer with depression, those days seem to never end. Thoughts and feelings of uselessness, worthlessness and hopelessness crowd out all others.

"Depression is a medical condition that is pervasive in that it affects how you think, feel and what you can do," said CAPT Lindsay Paden, Medical Corps, at the Naval Medical Center in San Diego. Clinically, depression is the lack of neurotransmitters that send signals from one nerve to another in the brain, causing a chemical imbalance. There is no single factor that can be blamed for this disorder. Depression can be the result of various factors ranging from hormones to hard times. The biochemical effect that occurs in the brain can be triggered by major events in a person's life such as death, divorce, a traumatic experience or job.

Heredity may also play a role. Studies have shown vulnerability from generation to generation among families with a history of depression. However, not everyone with the genetic make up will develop a depressive disorder.

Temperament may also contribute to a person's susceptibility to depression. Paden said that pessimistic people tend to suffer more from depression and optimistic people are less likely to experience the malady. Everyday temporary "blues" or sadness is not depression, nor is grief caused by the death of a loved one. That is a part of life. People with normal sadness and grief may experience similar symptoms of depression for a brief time, but they generally continue to function almost normally and soon recover without treatment. Symptoms of a depressive disorder usually include fatigue, restlessness, difficulty concentrating, loss of appetite or weight, overeating and weight gain, feeling worthless and suicidal thoughts. Also, persistent physical symptoms such as headaches and digestive disorder are unresponsive to treatment.

Just as there are various symptoms, there are also varying degrees of depression. The mildest form of depression is an adjustment disorder that exhibits itself as a depressed mood. A more severe type of depression, dysthymia, involves long term, chronic symptoms that do not disable, but keep people from functioning at their best or not feeling good. Then there is major depression and major depression with psychotic features.

Because depression is not merely a bad mood, it is not as simple as "snapping out of it." Professional treatment may be necessary in some cases.

"Many milder forms may remit spontaneously. In fact, even some major depressions will remit after several months on their own without treatment," said Paden. Treatments for depression are as varied as the types of depressive disorders. There are a variety of antidepressant medications and psychotherapies that can be used to bring a person out of depression. Psychotherapy, used to treat the mildest forms of the disorder, helps a patient recognize, challenge and change negative thought patterns and distorted perceptions to produce a positive change in their outlook and mood. According to Paden, individuals are encouraged to get outside of themselves and do things for other people. For more severe depression, antidepressants may be used along with therapy. Paden says medications have a 60 to 80 percent success rate. Most people also show improvement within one to three weeks of starting medication. At times, electroconvulsive or ECT therapy is the most useful. For severe patients or those who cannot take medication because of other illnesses, ECT is an effective alternative. Paden said the electrically charged therapy is 90 percent effective and should be done only in a controlled environment by a properly trained professional. Depression is more common than imagined. It affects all races and ages in every walk of life. For those who believe they are suffering with depression or may know someone who is, contact the local military treatment facility for assistance.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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